

I revoke my permission for \_\_\_\_\_ (agency) to have or enter identified personal information about me in the HMIS. This also means that I do not give permission to this agency to share any information about me in the HMIS.

(choose one)

☐ **Very limited personal information may remain:**

In the System

- Gender (if provided)
- Year of Birth (if provided)

Not in the System

- Name (if provided)
- Social Security Number (if provided)
- Day and Month of Birth (if provided)
- Last Permanent Address (if provided)
- Phone Number (if provided)

☐ **No personal information may remain:**

In the System:

(nothing)

Not in the System:

- Name (if provided)
- Social Security Number (if provided)
- Gender (if provided)
- Day, Month, and Year of Birth (if provided)
- Last Permanent Address (if provided)
- Phone Number (if provided)

I understand that I will be able to get the same services from this agency whether I allow them to enter identified personal information about me into the HMIS or not.

\_\_\_\_\_  
Client or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Agency Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name